

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 101031983	FILING DATE		
						APPLICANT(S)			
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51			
2	1					52			
3		1				53			
4	1					54			
5		1				55			
6		1				56			
7		1				57			
8		1				58			
9		1				59			
10		1				60			
11		1				61			
12	2					62			
13	1					63			
14	1					64			
15						65			
16						66			
17						67			
18						68			
19						69			
20						70			
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40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL	IND.					TOTAL	IND.		
TOTAL	DEP.					TOTAL	DEP.		
TOTAL	CLAIMS					TOTAL	CLAIMS		
10-1380 (3-78)									